PTO/SB/06 (08-00)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD VCI / 2003 / 2001 OTHER THAN **CLAIMS AS FILED - PART I** SMALL ENTITY OR **SMALL ENTITY** (Column 2) (Column 1) **FOR** NUMBER FILED **NUMBER EXTRA RATE** FEE RATE **FEE** 20 None **BASIC FEE** s 385 OR \$ (37 CFR 1.16(a)) TOTAL CLAIMS minus 20 = NONE OR (37 CFR 1.16(c)) INDEPENDENT CLAIMS minus 3 = NONE OR (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) NONE OR = \$385 OR TOTAL TOTAL * If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN **CLAIMS AS AMENDED - PART II SMALL ENTITY** OR **SMALL ENTITY** (Column 1) (Column 3) (Column 2) **CLAIMS HIGHEST** ADDI-ADDI-REMAINING PRESENT NUMBER RATE **TIONAL** RATE TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE **FEE** AMENDMENT PAID FOR OR Total Minus x \$ (37 CFR 1.16(c)) OR Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT. FEE (Column 1) (Column 2) (Column 3) ADDIT. FEE **CLAIMS HIGHEST** ADDI-ADDI-B REMAINING **PRESENT** NUMBER RATE TIONAL RATE TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR Total (37 CFR 1.16(c)) OR Minus OR Independent *** Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS HIGHEST** ADDI-ADDI-REMAINING NUMBER PRESENT **RATE** TIONAL **TIONAL** RATE **AMENDMENT** AFTER PREVIOUSLY **EXTRA** FEE FEE AMENDMENT PAID FOR OR Total ** Minus (37 CFR 1.16(c)) OR Independent *** Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ADDIT. FEE ADDIT. FEE *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

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Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

	-	CLAIMS AS	S FILED - (Column			(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			70					RATE	FEE		RATE	FEE
FO	R		NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
то	TAL CHARGEA	BLE CLAIMS	∼ν _{mir}	ius 20=	*			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	ン mi	nus 3 =	*		ĺ	X43=		OR	X86=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+145=		OR	+290=	
* If	the difference	in column 1 is	less than ze	ero, enter	r "0" in c	olumn 2	ı	TOTAL	985	OR	TOTAL	
CLAIMS AS AMENDED - PART II										•	OTHER	
		(Column 1)		(Colum		(Column 3)		SMALL		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T OL A 114	=		X43=		OR	X86=	
		NTATION OF MI	JUIPLE DEI	PENDEN	CLAIM		۱ [+145=		OR	+290=	
	1.11	[. I]						TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
		,	ADDIT: I LL									
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colui HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	:	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	ent * Minus *** RESENTATION OF MULTIPLE DEPENDENT			= .		X43=		OR	X86=		
L	FIRST PRESE	NIATION OF MU	JETIPLE DEF	PENDEN	CLAIM] [+145=		OR	+290=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)											
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent	<u></u>		***	T (0) 4114	=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								TOTAL	,		TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												